

In RE application of I. URATANI et al.

Serial No.: 10/082,326

Group Art Unit: 2141

Examiner: K. Shingles



For: STORAGE SYSTEM

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee		Rate	Additional Fee
Total	* 15	Minus	** 20	=	0	X 25	\$		X 50	\$
Indep.	** 3	Minus	*** 3	=	0	X 100	\$		X 200	\$
						X 180	\$		X 360	\$
<input type="checkbox"/> First presentation of Multiple Dependent Claims						Total	\$	OR	Total	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☒ A Credit Card Payment Form in the amount of \$790.00 is attached (for a Request for Continued Examination).
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Date: June 20, 2006

06/22/2006 HALI11 00000006 501417 10082326  
01 FC:1801 790.00 DA

The PTO did not receive the following listed item(s) A credit card form  
\$ 790.00